

on page 7, last full sentence of the application as filed. Support for the term principal ingredient appears at least in the paragraph bridging pages 6 and 7 of the specification. Applicant submits that no new matter has been added via this amendment.

Claims 22 and 31 have been rejected under 35 U.S.C. § 112, second paragraph. Claim 22 has been canceled. Claim 31 has been amended to delete "such as", which should render this rejection now moot.

Claims 14 to 21, 25, 26, 28 to 30 and 34 have been rejected under 35 U.S.C. § 102(b) as being anticipated by Schreck et al. As far as this rejection may pertain to the Claims currently of record, it is respectfully traversed.

Schreck et al teach the use of muramyl peptides as **adjuvants** in potential vaccines against AIDS. Schreck et al disclose that it would be beneficial to select **adjuvants** that do not induce NF- κ B activation and particularly if the vaccines are to be aimed at treating seropositive individuals. More specifically as stated at page 188 of this publication and in the Summary out of all the muramyl peptides tested, **only one** new lipophilic nonpyrogenic adjuvant muramyl peptide (MDP) (thr-glyceryl-dipalmitoyl (MDP (thr)-GDP) demonstrated the lack of NF- κ B activation in all cell lines tested. More specifically, the following is stated at page 188:

Our results demonstrate a lack of NF- κ B activation in all cell lines tested, by **one** new lipophilic, nonpyrogenic, adjuvant active muramyl peptide MDP (thr)-glyceryl-dipalmitoyl (MDP (thr)-GDP). **In contrast, all other immunostimulants examined induced activation of NF- κ B in one or more cell lines.** Furthermore, we present evidence that stimulation of one or more cell lines with MDP (thr)-GDP results in productive interaction with the cells as manifested by the induction of IL-8 gene expression. The novel MDP derivative may therefore be the **adjuvant** of choice to be incorporated into AIDS vaccines (emphasis added).

Thus, Schreck et al do not lead the skilled artisan to choose murabutide as an adjuvant for an AIDS vaccine since it does not demonstrate a lack of NF- κ B

activation in all cell lines tested. Indeed, as stated at page 190, activation of NF- κ B was noted in the human Mono-Mac-6 cell line following stimulation with 10 μ g/ml of murabutide. Therefore, Schreck et al encourage the use of only MDP (thr)-GDP only as an adjuvant and not murabutide.

Moreover Schreck et al **do not disclose that murabutide can be used in a process for inhibiting the replication of HIV.** Rather Schreck et al describe the use of murabutide as an adjuvant in an AIDS vaccine, the "primary ingredient" in the vaccine is not disclosed, to enhance specific immune responses against the virus.

As discussed above, an adjuvant is an ingredient (as in a prescription or a solution) that modifies the action of the principal ingredient. An adjuvant is not the principal ingredient in a vaccine, as the skilled artisan well knows.

Thus, Schreck et al do not disclose murabutide of itself to inhibit HIV and the effect of murabutide on virus replication in the present invention is not mediated by its adjuvant effect and enhancement of specific immunity to HIV but through nonspecific mechanisms since monocytes/macrophages do not exert antigen-specific immune responses which are totally restricted to lymphocytes.

Therefore, in view of the above, withdrawal of this rejection is respectfully requested.

Claims 14 to 21, 25, 26, 28 to 30 and 34 have been rejected under 35 U.S.C. § 102(b) as being anticipated by Masihi et al. As far as this rejection may pertain to the Claims currently of record, it is respectfully traversed.

Masihi et al disclose that muramyl dipeptide can enhance monocyte-macrophage CSF in serum and promote nonspecific resistance against a variety of microbial pathogens including HIV infection of CD4⁺ H9 lymphocytes and U937 monocytoid cells, which are not primary cultures of monocytes.

At page 397 murabutide was taught to be used as an adjuvant in human clinical trials. The Examiner purports that Masihi et al teach that murabutide can be used as an adjuvant in "human clinical trials for AIDS." However, this reference does not state this. Rather, Masihi et al strictly teach that murabutide can be used as an **adjuvant** in human clinical trials; the specific clinical trials are not disclosed and the ability of murabutide to completely inhibit HIV replication in primary culture cells has never been eluded to.

Moreover, as discussed above, an adjuvant is solely used as a vehicle to modify the action of the principal ingredient. Thus, Masihi et al fail to teach that murabutide can be used as the principal ingredient in a process to treat AIDS directly. Therefore, this reference fails to anticipate the presently claimed invention.

Thus, in view of the above, withdrawal of this rejection is respectfully requested.

Claims 14 to 21, 25, 26, 28 to 30 and 34 have been rejected under 35 U.S.C. § 103 (a) as being unpatentable over by Masihi et al. As far as this rejection may pertain to the Claims currently of record, it is respectfully traversed.

As discussed above, Masihi et al fail to teach the skilled artisan that murabutide can be used in a process as the principal ingredient for inhibiting the replication of HIV. Rather, murabutide was taught to be used only as an adjuvant in human clinical trials.

Furthermore, Masihi et al teach the antiviral activity of MDP, not murabutide to include HIV infection. The Examiner relies on a sole sentence in this reference to incorrectly render the present rejection. Applicant submits that this reliance could be made solely through hindsight reproduction which is not the appropriate standard to render an obviousness rejection.

Moreover, Masihi et al. disclose only 67% reduction of the p24 antigen using MDP and only a 38% inhibition on day 14 using infected CD4⁺ KE37/I lymphocytes and further teach that 1000 µg/ml dosages were more effective. This is an extremely high dosage and the side effects of MDP to the recipient would be enormous at this particular dosage, which fact is discussed in the background of the present invention. In contrast, new Claim 37 recites that the dosage to be administered is between 1 and 500 µg/kg/day.

Moreover, the present invention teaches 100% inhibition of the AIDS retrovirus in primary cultures of monocytes. Therefore, this is an unexpected result that has not been taught in the prior art.

Thus, in view of the above, withdrawal of this rejection is respectfully requested.

As the above-presented amendments and remarks address and overcome the rejections of the Examiner, withdrawal of the rejections and reconsideration and favorable action in the form of a Notice of Allowance is respectfully requested and such action is earnestly solicited.

Should the Examiner have any questions regarding the present application, he is requested to contact Leonard R. Svensson at (714) 708-8555.

If necessary, the Commissioner is hereby authorized in this, concurrent, and future replies, to charge payment or credit any overpayment to Deposit Account No. 02-2448 for any additional fees required under 37 C.F.R. §§1.16 or 1.17; particularly, extension of time fees.

Respectfully submitted,

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